

DUTIES OF AN ANAESTHESIOLOGIST

**DUTIES OF AN ANAESTHESIOLOGIST IN HOSPITALS WITH APPROVED TRAINING POSTS**

All staff must have sufficient exposure to clinical duties to maintain their skills. However sufficient time must also be set aside for managerial/administrative, quality assurance and educational activities to ensure a high standard of practice both at a departmental level and an individual level.

**1. INTRODUCTION**

The Hong Kong College of Anaesthesiologists believes the following to be the duties of an anaesthesiologist in those hospitals with approved training posts. These duties should be divided between clinical, administrative/managerial and educational duties.

**2. DUTIES**

2.1 Clinical duties. These include :

- 2.1.1 Pre-anaesthetic assessment and management of patients
- 2.1.2 Provision of clinical anaesthesia services
- 2.1.3 Provision of post-anaesthetic care, including supervision of the Recovery Area
- 2.1.4 Consultative service for pre-anaesthetic assessment and management
- 2.1.5 Supervision of trainee anaesthesiologists
- 2.1.6 Provision of a pain management service including obstetric analgesia (see the HKCA guidelines "Safe Practice of Acute Pain Management" P11 1994).

2.2 The Anaesthesiologist may also be responsible for providing :

- 2.2.1 Acute resuscitation services for the hospital as members of a resuscitation team
- 2.2.2 Supervision and/or management of patients in the intensive care unit
- 2.2.3 Such other clinical services as necessary and appropriate to the specialty

2.3 Consultative Services

The Anaesthesiologist will provide advisory services in relation to the quality of care required for the safe practice of anaesthesia (including staffing considerations, facilities and staff training) to :

- 2.3.1 Hospital Authority
- 2.3.2 Hospital departments
- 2.3.3 Hospital clinical management groups
- 2.3.4 Individual hospital staff groups or individuals
- 2.3.5 Other organisations as required

**DUTIES OF AN ANAESTHESIOLOGIST**

**2.4 Administrative and managerial duties**

Sufficient time must be allocated to ensure that those duties relating to the proper functioning of the department are carried out. These include :

- 2.4.1 Provision of a departmental staff roster
- 2.4.2 Management of leave arrangements within the department
- 2.4.3 Staff development review processes
- 2.4.4 Provision of regular departmental meetings for news dissemination
- 2.4.5 Participation in hospital meetings, Hospital Authority meetings, intra and inter departmental meetings

**2.5 Educational duties**

These include continuing medical education of the anaesthesiologist, and teaching.

**2.5.1 Teaching**

The anaesthesiologist has a responsible duty in teaching and time must be allocated for supervision and preparation of material to be used for teaching and for teaching the following :

- 2.5.1.1 Anaesthesiologists in training
- 2.5.1.2 Students and post graduate nursing staff
- 2.5.1.3 Operating department assistants
- 2.5.1.4 Medical colleagues in other clinical departments
- 2.5.1.5 Medical students when they are allocated to the departments
- 2.5.1.6 Members of the allied health professions when requested to do so
- 2.5.1.7 Interested community groups - including antenatal obstetric analgesia education

**2.5.2 Continuing medical education**

The Anaesthesiologist has a duty to maintain personal knowledge and skills. These may be maintained by :

- 2.5.2.1 Performing regular clinical anaesthetic duties for a minimum of 20-30% of average working time per week
- 2.5.2.2 Participation in regular weekly departmental educational meetings
- 2.5.2.3 Regular attendance at/or participation in related scientific meetings, conferences and commissioned training sessions
- 2.5.2.4 Weekly journal reading
- 2.5.2.5 Study leave overseas, with attachments to anaesthetic institutes of excellence.

To ensure that departmental standards are maintained one half day per week on average should be allowed for this activity for all departmental members.

**2.6 Continuous quality improvement processes**

**DUTIES OF AN ANAESTHESIOLOGIST**

The anaesthesiologist has a duty to ensure and to review quality of patient care by participating in peer review and quality improvement processes. (See HKCA “Guidelines on Quality assurance in Anaesthesia and/or Intensive Care” P7 1994). At least one hour per week should be allocated for this activity.

- 2.7 Maintain environment for safe anaesthetic practice.
- 2.8 Contribute to the activities of professional associations and colleges.
- 2.9 Undertake research in anaesthesia in an organised manner where appropriate.

**3. THE APPORTIONMENT OF TIME BETWEEN THESE DUTIES**

All anaesthesiologists should have a commitment to their own and their colleagues continuing medical education.

**3.1 Chief of Service (Anaesthesiology) or academic anaesthesiologist**

3.1.1 The Chief of Service has a prime responsibility to ensure that the department functions safely and efficiently whilst the academic anaesthesiologist’s prime responsibility is to research and teaching undergraduates, therefore, for these groups of anaesthesiologists a significant part of their workload will be non-clinical. A minimum regular clinical involvement to maintain clinical skills is desirable. (See 2.5.2.1)

**3.1.2 Specialist anaesthesiologists**

These staff members whether consultants or senior medical officers must have a commitment to all the aforementioned duties. For sufficient time to be allocated for these, clinical duties should not occupy more than 80% of their time on average per week.

**3.1.3 Trainee anaesthesiologists**

The trainee is a specialist in training. Adequate supervision of the trainee is an essential part of training. (See HKCA administrative instruction “The supervision of trainee anaesthesiologists”). Trainees should be assigned educational & administrative responsibilities appropriate to their level of training. In general the proportion of time spent in clinical anaesthesia should be at least 70%.

3.2 In view of the many duties performed by the anaesthesiologist the hospital management must be advised that for any accepted minimum standard of anaesthesia to be maintained time must be made available for these duties to be performed during normal duty hours. For this to be achieved an adequate staffing level must be present.

3.3 For excessively long hours of continuous clinical anaesthesia, that is, work lasting more than 16 hours, adequate rest must be taken before resuming duty.

**4. SUBSPECIALTY ANAESTHESIOLOGY PRACTICE**

It is accepted that anaesthesiologists will become specialists in a particular area of anaesthesiology practice, and concentrate a large percentage of time in that area of subspecialty practice.

For such subspecialty practice to be acceptable to the HKCA the anaesthesiologist will have undergone an acceptable period of subspecialty training and practice.

**DUTIES OF AN ANAESTHESIOLOGIST**

These guidelines have been prepared with regard to general circumstances, and it is the responsibility of the practitioner to pay particular attention to the circumstances and applicability of these guidelines to each case.

As the guidelines are reviewed from time to time, it is the responsibility of the practitioner to ensure that he or she uses the current version. Guidelines have been prepared having regard to the information then available and the practitioner should consider any information, research or material which may have become available subsequently.

Whilst the college endeavours to ensure that the guidelines are correct at the time of their preparation, no responsibility is taken for matters arising from changed circumstances, information or material which may have become available subsequently.